

NEW HAVEN YOUTH & FAMILY SERVICES, INC.
Special Incident Report
Residential

Date: _____

Facility Name: _____ Site Address: _____

State/License #: _____ Phone #: _____

Incident Date: _____ Time: _____ A.M. / P.M. Location: _____

Child Involved: _____ Sex: ____ D.O.B.: _____ D.O.E.: _____

Staff Involved: _____

TYPE OF INCIDENT: (Check as many as apply)

<input type="checkbox"/>	AWOL	<input type="checkbox"/>	Suicide Attempt	<input type="checkbox"/>	Alleged Child Abuse	<input type="checkbox"/>	Theft
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	School Incident	<input type="checkbox"/>	Injury/Illness	<input type="checkbox"/>	Hospitalization
<input type="checkbox"/>	Physical Violence	<input type="checkbox"/>	Police Involvement	<input type="checkbox"/>	Juvenile Hall	<input type="checkbox"/>	Sexually Related Incident
<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Missed Medication	<input type="checkbox"/>	Staff Related Incident- *if reporting a staff injury you must contact HR and your supervisor.	<input type="checkbox"/>	Other/Pro-Act

DESCRIBE INCIDENT: Provide a detailed narrative, describing the incident and the events leading up to the incident, (who was involved, where the incident took place, all staff interventions and the resolution), and what actions were taken to re-integrate child into the general population after the incident.—attach narrative to form and email narrative to your supervisor.

RUNAWAY(AWOL): _____ **YES** _____ **NO**

Time the child's absence was first noted? _____ A.M. / P.M.

How was it determined? _____

The child's last known activities: _____

What were the circumstances surrounding the child's absence: _____

What actions did staff take to discourage the child from leaving, and what interventions were utilized, if any: _____

What action was taken, at what time, by staff to locate the child: _____

LAW ENFORCEMENT: _____ **YES** _____ **NO**

If YES, why was their assistance necessary? (Check as many as apply and provide explanation.)

_____ Danger to Self Explanation: _____

_____ Danger to Others _____

_____ Runaway _____

_____ Illegal Conduct _____

THIS PAGE IS TO BE FILLED OUT ONLY IF A PHYSICAL INTERVENTION WAS USED!

PHYSICAL INTERVENTION USED: _____ **YES** _____ **NO**

Date and time of other physical interventions involving the same child in the past 24 hours: _____

Reason physical intervention was required: (Check as many as apply and provide explanation.)

- _____ Danger to Self Explain: _____
- _____ Danger to Others Explain: _____
- _____ Risk of Serious Injury Explain: _____

Physical interventions used and how long the child was restrained: Enter # of MINUTES for each

intervention used:

- _____ Capture
- _____ Standing Restraint
- _____ Standing Escort
- _____ Escort
- _____ Seated Restraint
- _____ Wall-Assisted Restraint
- _____ Floor-Assisted Restraint
- _____ Protected Separation Room

Please draw a diagram of each physical intervention and label all staff and residents who were involved.

Were any injuries sustained by resident? _____ **YES** _____ **NO**

If YES, Type of medical treatment sought: _____

MSC: Range of motion check completed: _____ YES; comments, plan of action and signature:

Description of the child's verbal response and physical appearance following physical intervention: _____

Interventions utilized prior to the use of physical interventions: (Enter # of times intervention was tried.)

- | | | |
|------------------------------|---------------------------|-------------------------------|
| _____ Crisis Counseling | _____ Redirection | _____ Ignoring |
| _____ Positive Reinforcement | _____ Time-Out | _____ Separation of Residents |
| _____ Modeling | _____ PRN | _____ Removal from Home |
| _____ Group | _____ Verbal Intervention | _____ Non-Verbal Cue |
| _____ Safety Zones | _____ Program Stop | _____ Behavioral Contracting |
| _____ Consequences | _____ Close Watch | _____ Constant Watch |
| _____ LSCI Conflict Cycle | _____ BSP | _____ BIP |

Other (Describe): _____

PRO-ACT Review: (this section is to be completed by a PRO-ACT certified trainer)

- Child presented imminent danger to self or others? _____ **YES** _____ **NO**
- Was risk presented by child's behavior greater than risk of harm from use of restraint? _____ **YES** _____ **NO**
- Restraint or other physical intervention conducted safely and properly? _____ **YES** _____ **NO**
- Did the physical intervention last for the minimum amount of time? _____ **YES** _____ **NO**
- Were sufficient preventative steps taken? _____ **YES** _____ **NO**
- Did staff attempt at least two non-physical/non aversive interventions? _____ **YES** _____ **NO**
- Did deescalation techniques cause an escalation of the child's behavior? _____ **YES** _____ **NO**
- Physical intervention used only after less restrictive techniques proven to be unsuccessful? _____ **YES** _____ **NO**
- Are appropriate follow up steps to prevent re-occurrence indicated for child? _____ **YES** _____ **NO**

Pro-Act Reviewer Comments/Recommendations/Signature: _____

*Human Resources review of staff injury, safety recommendations and plan to prevent a re-occurrence of the incident:

Supervisor's Remarks:

Number and/dates of similar reportable incidents _____

Commonalities (please note activity in which incident occurred, length of activity, people present, time of day, environmental pollutants, antecedent, physical state and another commonalities between this and similar incidents): _____

ISP, BSP or BIP: If the child has been involved in previous similar incidents, explain what previous modifications were done to the child's ISP, BSP, BIP and/or milieu. _____

Treatment recommendations: _____

Staff Corrective Action or program modification to prevent the re-occurrence of any problem (if applicable):

Notification Verification:	P/W/F *	Date	Person Contacted	Contacted By
Parent/s, Guardians				
Police Report #				
Placement Worker				
Licensing Worker				
Probation Officer				
Child Abuse Report (CPS)				
School District				
Other				

PRINT NAME

SIGNATURE

DATE

Staff Writing Report: _____

Program Specialist: _____

Residential Director: _____

Program Director: _____